

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

69/708159

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4	1						54						
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45							95						
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47							97						
48							98						
49							99						
50							100						
TOTAL D.	2						TOTAL IND.						
TOTAL EP.	3						TOTAL DEP.						
TOTAL AIMS	5						TOTAL CLAIMS						

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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